

Statement of Understanding **Income Eligible/Training-Employed Child Care Assistance**

I understand to be eligible for child care assistance for the hours I attend education/training I must meet the following criteria:

1. I must be engaged in paid employment for a minimum of 20 hours per week. If self-employment, child care plans may be terminated after 6 months if I am not working a minimum of 20 hours per week and earning the equivalent of the federal minimum wage per hour.
2. My education/training meets at least one of the following criteria - skill specific and/or will create greater earning potential upon completion. DCF will not provide child care assistance for me to complete a bachelors or higher degree unless I will complete the program within 6 months.
3. I must maintain passing grades/adequate progress in accordance with the standards of the institution. Grades/progress shall be verified prior to plan renewal.

I understand that I must report the following changes in circumstances to the agency within 10 days:

- changes in income, household composition, address, living arrangements, choice of child care provider, hours of child care needed

FAILURE TO RETURN THIS SIGNED FORM WILL RESULT IN NO ADDITIONAL HOURS BEING APPROVED FOR EDUCATION/TRAINING.

Signature of Client

Date

Signature of Worker

Date

This form supersedes form ES-1640, dated 1-10 and should be reproduced locally.